U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - //350 | | | 2. Fiscal Year Covered From: | | | | |
|------------------------------------|--|----------------|------------------------------|--|---------------------|-------|--|
| | | | 5. | 1/1/ | 2004 Through: 12/31 | /2004 | |
| Name and address of person filing. | | | | 4. Name, file number, and address of labor organization. | | | |
| Name | Michael W. Henderson | | | Name Teamsters Local Union No. 135 | | | |
| | | | | Labor Organization File | Number 009-836 | | |
| P.O. Box, | Bldg., Room No., if any | | | P.O. Box, Building and | Room Number, if any | | |
| Street | Street 125 S. 8th | | | Street 1233 Shelby Street | | | |
| City | Terre Haute | | | City Indiana | polis | | |
| State | Indiana | ZIP Code + 4 4 | 7807 | State Indiana | ZIP Code + 4 | 46203 | |
| 5. Position | 5. Position in labor organization. Business Agent | | | | | | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | |
|--|--------|--|--|--|--|
| Name and address of Employer (including trade name, if any). | | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| | | 7.b. Amount. | | | |
| Street | | | | | |
| City | | | | | |
| State ZIP Coo | de + 4 | | | | |

Signature

| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information |
|---|
| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |

| Signed | mus | al lu | Mon | Mes |
|--------|-----|-------|-------|-----|
| | , - | | 10201 | |

| On | 8-12-05 | 21 | 2 | 826 | 862 | g (| 7 |
|----|---------|----|---|-------------|--------|-----|---|
| | Date | • | | Telephone I | Number | • | , |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). The Fund paid for a meal while Name IN Teamsters Safety Train. & Ed Trust Fund I was attending the IBT Central Construction Division Annual Trade Name, if any:

meeting in March, 2004.

14.b. Amount of payment.

State Indiana

City

P.O. Box, Bldg., Room No., if any

Street 1233 Shelby Street

ZIP Code + 4 46203

or Consultant

Indianapolis

13.b. Is the Business an Employer X

\$74.00

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended LM-30.

Mulul M. Handen Signature

8-12-05

Date